## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/527693

1		OLAIIIO	MO LIFE	U - PART	į.			CALALL SI				
L		-	(Co	olumn 1)	(Column 2)			SMALL ENTITY TYPE		OF	OTHER THAN OR SMALL ENTIT	
U.S. NATIONAL STAGE FEES								RATE	FEE	7	RATE	FEE
BASIC FEE				ENT. = \$ 150	LARGE ENT. = \$ 300		7	BASIC FEE		OR	BASIC FEE	2 * 1
EXAMINATION FEE			Satisfies Po	CT Article 33(1)- \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200		1	EXAM. FEE	<del>                                     </del>	1	EXAM. FEE	300
SEARCH FEE			· ALL othe	= \$50/\$100 r countries = 0/\$400		ner situations = 250 / \$ 500	1	SEARCH FEE			SEARCH FEE	200
FEE FOR EXTRA SPEC. PGS.			,	ninus 100 =	-	/50 =		X \$ 125 =	<del>                                     </del>	1	X \$ 250 =	401
TOTAL CHARGEABLE CLAIMS			15	/5 minus 20 = .				X \$ 25 =	<del>                                     </del>	OR	X \$ 50 =	<del> </del>
IND	EPENDENT C	CLAIMS	. /	minus 3 =	*			X \$ 100 =	<del> </del>	OR	X \$ 200 =	<del> </del>
MU	LTIPLE DEPE	NDENT CLAIM PR	<del></del>	<del></del>			+ \$ 180 =	<del> </del>	OR	<del> </del>	<del> </del>	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	+ \$ 360 =	-
									<u> </u>	1 ox	TOTAL	900
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**				X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***	-	=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT.	
_		(Column 1)		(Colum	n 2)	(Column 3)						
2		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	R	PRESENT EXTRA		RĄTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**	=			X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***	=			X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+*\$ 180 =		OR	+ \$ 360 =	
						<del></del>	Ţ	OTAL ADDIT. FEE		OR L	TOTAL ADDIT. FEE	
и	The Highest Nu	ımn 1 is less than the ımber Previously Paic	For IN THIS	n 2, write "0" in c SPACE is less th	column 3.	enter "20"		_				

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.